Saskatchewan
Health

ANNUAL REVIEW

Weyburn-Estevan
Health Region No. 3

1991-92

92-05984/

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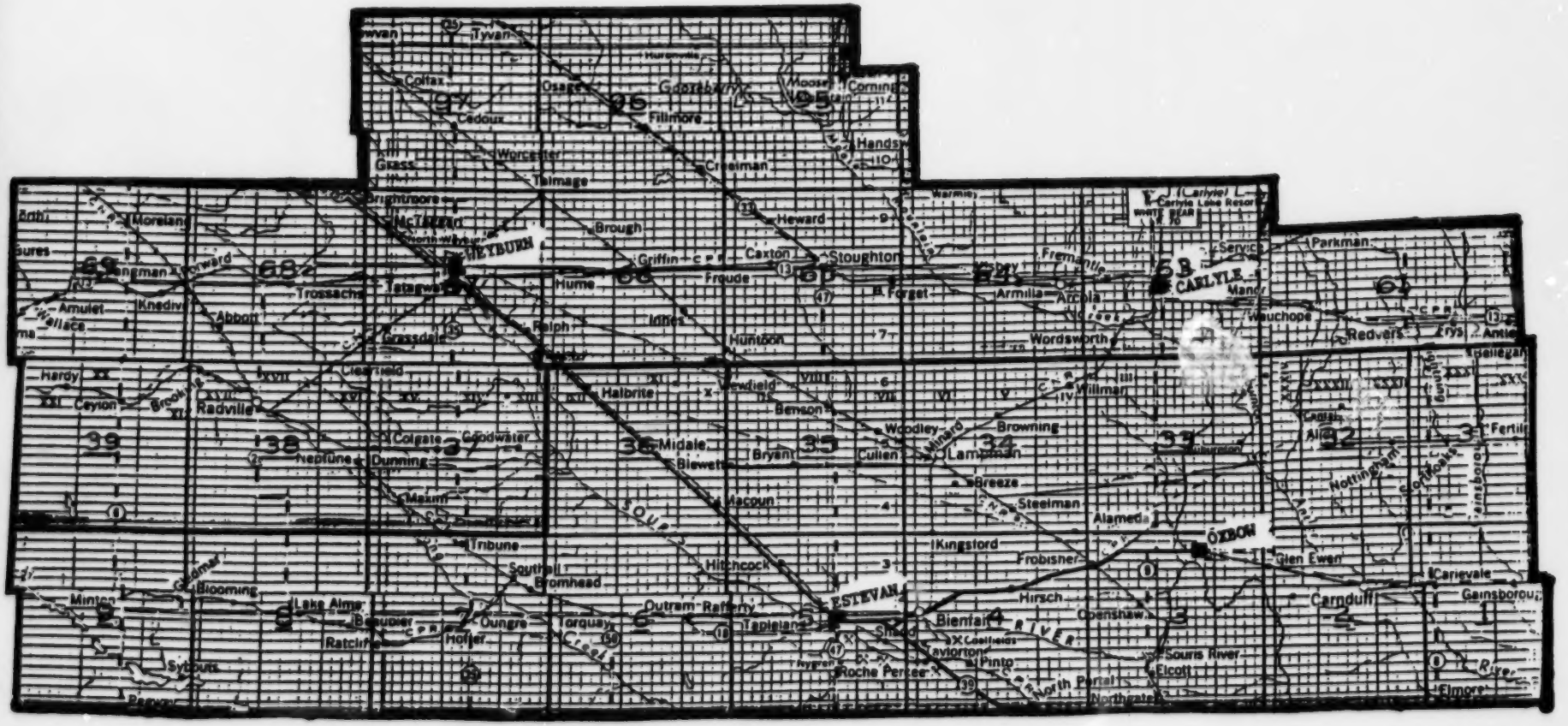
Weyburn-Estevan
Health Region No. 3



WEYBURN-ESTEVAN REGION

REGIONAL BOARD MEMBERS

Name	Phone No.		Term of Office
Carl Graefer, Chairman Box 63 Torquay, Sask. S0C 2L0	923-2061		Jan. 1/89 to Dec. 31/91
Cliff LaBatte Box 152 Minton, Sask. S0C 1T0	969-2138		Jan. 1/89 to Dec. 31/91
Tabor H. Redpath Box 96 Gainsborough, Sask. S0C 0Z0	685-4706		Jan. 1/89 to Dec. 31/91
John Kish Box 803 Estevan, Sask. S4A 2A7	634-4551		Jan. 1/90 to Dec. 31/92
Marnie Bernard Box 8 Trossachs, Sask. S0C 2N0	442-4405		Jan. 1/90 to Dec. 31/92
Stan Ganczar Box 402 Weyburn, Sask. S4H 2K3	842-5730		Jan. 1/90 to Dec. 31/92
Ivan Ziegler Box 6 Manor, Sask. S0C 1R0	448-4922		Jan. 1/90 to Dec. 31/92
Gordon Button 239 - 11th St. N.E. Weyburn, Sask. S4H 1J6	842-4449	(Vacant - Prev. Incumbent - G. Miles)	Jan. 1/91 to Dec. 31/93
Henry Seeman Box 42 Lampman, Sask. S0C 1N0	487-2860	(Re-elected)	Jan. 1/91 to Dec. 31/93
John Eberl Box 70 Redvers, Sask. S0C 2H0	452-3263	(Prev.Incumbent- C. Easton)	Jan. 1/91 to Dec. 31/93

1992

MUNICIPAL HEALTH REPRESENTATIVES

REPRESENTATIVE	ADDRESS	REPRESENTING
WEYBURN DISTRICT HEALTH COUNCIL		
Gordon Button	239 - 11th St., Weyburn S4H 1J6	City of Weyburn
Karl Zapshala	Box 291, Stoughton S0G 4T0	Town of Stoughton
Ken Swenson	Box 369, Midale S0C 1S0	Town of Midale
Jean Gottfried	Box 120, Creelman S0G 0X0	Village of Creelman
J. M. Kitson	Colgate S0C 0V0	Village of Colgate
Elaine Carlberg	Box 58, Fillmore S0G 1N0	Village of Fillmore
Ruth Makelki	Comp.#22,Goodwater Site, Weyburn S4H 2L6	Village of Goodwater
Jim Achen	Halbrite S0C 1H0	Village of Halbrite
John Griffin	Box 22, Heward S0G 2G0	Village of Heward
No appointment		Village of Khedive
John Dyck	Box 191, McTaggart S0G 3G0	Village of McTaggart
Les Lynch	Box 116, Osage S0G 3T0	Village of Osage
L. George Sheppard	Box 94, Pangman S0C 2C0	Village of Pangman
Joe Vilcu	Box 489, Midale S0C 1S0	R.M. Cymri #36
Kim Oxelgren	Tribune S0C 2M0	R.M. Lomond #37
Gordon Coutts	Stoughton S0G 4T0	R.M. Tecumseh #65
Stan Ganczar	Box 402, Weyburn S4H 2K3	R.M. Griffin #66
Jack Giroux	414 - 2nd St., Weyburn S4H 0V5	R.M. Weyburn #67
Marnie Bernard	Box 8, Trossachs S0C 2N0	R.M. Brokenshell #68
L. George Sheppard	Box 94, Pangman S0C 2C0	R.M. Norton #69
Bertha Rose	Box 639, Stoughton S0G 4T0	R.M. Golden West #95
Chester Ray	Creelman S0G 0X0	R.M. Fillmore #96
Adeline Seitz	Box 39, Tyvan S0G 4X0	R.M. Wellington #97
ARCOLA DISTRICT HEALTH COUNCIL		
Margaret Carr	Arcola S0C 0G0	Town of Arcola
Marilyn George	Box 334, Carlyle S0C 0R0	Town of Carlyle
Gloria Larsen	Box 431, Redvers S0C 2H0	Town of Redvers
Pat Schill	Alida S0C 0B0	Village of Alida
Helen Dittmer	Box 86, Antler S0C 0E0	Village of Antler
Brenda Vogel	Box 118, Forget S0C 0X0	Village of Forget
John Houston	Box 153, Kisbey S0C 1L0	Village of Kisbey
W. A. Smith	Box 215, Manor S0C 1R0	Village of Manor
Dennis Belisle	Antler S0C 0E0	R.M. Storthoaks #31
Norman Desautels	Box 103, Alida S0C 0B0	R.M. Reciprocity #32
J. Wilbert Hume	Box 537, Carlyle S0C 0R0	R.M. Moose Creek #33
Judy Fornwald	Box 486, Lampman S0C 1N0	R.M. Browning #34
John Eberl	Box 70, Redvers S0C 2H0	R.M. Antler #61
Ivan Ziegler	Box 6, Manor S0C 1R0	R.M. Moose Mtn. #63
Rhonda Paton	Box 233, Arcola S0C 0G0	R.M. Brock #64
Aime Guillemin	Box 542, Stoughton S0G 4T0	R.M. Tecumseh #65

1992 MUNICIPAL HEALTH REPRESENTATIVES (continued)

REPRESENTATIVE	ADDRESS	REPRESENTING
ESTEVAN DISTRICT HEALTH COUNCIL		
John Len	621 King St.,Estevan S4A 1K9	City of Estevan
Heather Fleck	Box 6, Lampman S0C 1N0	Town of Lampman
David Dukart	Bienfait S0C 0M0	Town of Bienfait
No appointment		Village of Benson
Bernice Herzberg	Box 33, Frobisher S0C 0Y0	Village of Frobisher
William Snider	Box 22, Macoun S0C 1P0	Village of Macoun
Mark Davis	North Portal S0C 1W0	Village of N. Portal
Charlotte Wrigley	Box 17, Bienfait S0C 0M0	Village of Roche Percee
Carl Graefer	Box 63, Torquay S0C 2L0	Village of Torquay
John Borgen	Box 9, Tribune S0C 2M0	Village of Tribune
Joseph Parent	Box 328, Estevan S4A 2A4	R.M. Coalfields #4
John Kish	Box 803, Estevan S4A 2A7	R.M. Estevan #5
Dale Shauf	318 Spruce Dr., Estevan S4A 2G1	R.M. Cambria #6
Vernon Bjorklund	Box 28, Bromhead S0C 0N0	R.M. Souris Valley #7
Kathy Schnell	Box 291, Lampman S0C 1N0	R.M. Browning #34
Henry Seeman	Box 42, Lampman S0C 1N0	R.M. Benson #35
Gordon Klarholm	Box 41, Macoun S0C 1P0	R.M. Cymri #36
OXBOW DISTRICT HEALTH COUNCIL		
Thomas Morrow	Alameda S0C 0A0	Town of Alameda
Sharlene Foster	Carnduff S0C 0S0	Town of Carnduff
Ann Marie Baerwald	Box 445, Oxbow S0C 2B0	Town of Oxbow
Rick Carpenter	Carievale S0C 0P0	Village of Carievale
Colin J. Bennett	Box 270, Gainsborough S0C 0Z0	Village of Gainsborough
Michael Cameron	Storthoaks S0C 2K0	Village of Storthoaks
R. J. Burnett	Box 74, Glen Ewen S0C 1C0	Village of Glen Ewen
Tabor H. Redpath	Box 96, Gainsborough S0C 0Z0	R.M. Argyle #1
Terry Macfarlane	Box 188, Carnduff S0C 0S0	R.M. Mt. Pleasant #2
Brian Northeast	Oxbow S0C 2B0	R.M. Enniskillin #3
Kathleen Malin	Box 302, Gainsborough S0C 0Z0	R.M. Storthoaks #31
No appointment		R.M. Reciprocity #32
Douglas F. East	Box 693, Carlyle S0C 0R0	R.M. Moose Creek #33
RADVILLE DISTRICT HEALTH COUNCIL		
Linda Moser	Box 39, Radville S0C 2G0	Town of Radville
Darryl Hovanak	Ceylon S0C 0T0	Village of Ceylon
Van Rasmussen	Gladmar S0C 1A0	Village of Gladmar
		Village of Hardy
Alphonse Haider	Box 70, Lake Alma S0C 1M0	Village of Lake Alma
Alfred Bell	Box 82, Minton S0C 1T0	Village of Minton
Elden Lohse	Box 40, Beaubier S0C 0H0	R.M. Lake Alma #8
Clifford LaBatte	Box 152, Minton S0C 1T0	R.M. Surprise Valley#9
Eugene Corbin	Box 251, Radville S0C 2G0	R.M. Laurier #38
Noreen Riviere	Box 707, Radville S0C 2G0	R.M. The Gap #39

A MESSAGE FROM THE MEDICAL HEALTH OFFICER

Dr. C. L. Cunning

At this time in the history of our province and country we find ourselves at a crossroads - a crossroads which requires us to make some hard, intelligent, forward-looking choices about many areas of our community life. These choices are necessitated by economic reality, changing community structures, and the rapid pace of overall change. In no single area of our life do these decisions and choices affect more people, more immediately, and with more far-reaching implications than in the field of health care. We must take control of our present situation and of the changes which will continue to occur, so that we can chart the direction in which we choose to move.

We must **decide** on our objectives; we must **evaluate our resources**; and we must **chart a course** towards a health structure which will enable, as far as possible, people to live and work in an environment conducive to good health. If we fail to meet this challenge; if we allow random events and random decisions to determine our objectives; the high standards we have enjoyed could disintegrate, and we could see resources and energy wasted on fragmented initiatives which contribute little to improvement of the overall health of individuals and communities.

To understand how our work, as a group committed to COMMUNITY HEALTH and PREVENTIVE MEDICINE, contributes to a "wellness model" for Saskatchewan, it is useful to begin with the declaration adopted by the World Health Organization at a conference in Alma Ata, USSR, in 1978, known as the **Alma Ata Declaration.**

> The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

Within this context, Community Health-Prevention Services Branch has developed

a **mission statement** which expresses the essence of our purpose and mandate, and focuses our efforts on the work for which we are responsible.

> Through effective leadership, legislation, advocacy and programs, the mission of Community Health-Prevention Services Branch is to enable communities, families and individuals, to achieve their health potential.

This mission statement is a contemporary expression of a revered heritage; it is firmly grounded in the traditions of public health and preventive medicine, and builds on the earlier work of Branch groups and committees with input invited from all our staff.

A **statement of philosophy** sets forth the principles under which we operate as we seek to carry out the mandate of our mission statement.

We believe:

- Health is a dynamic state that includes physical, mental, emotional, social and spiritual well being.
- An individual's health can never be independent of the health of the community, nation, or global environment.
- People have a right and responsibility to participate in decisions about their health.
- People have a right to achieve their health potential.
- Programs which promote, protect and preserve health at the community level will help individuals achieve their health potential.
- The community must be involved by taking an active role in setting program priorities.
- In broadening and strengthening community health programs we must strive for full coordination and strong interdisciplinary collaboration.

PUBLIC HEALTH may be defined as a combination of sciences, skills, and beliefs directed to the maintenance and improvement of the health of <u>all</u> the people.

PREVENTIVE MEDICINE is that branch of medicine concerned primarily with preventing physical, mental, and emotional disease and injury. Preventive medicine is distinct from treatment of the sick and the injured but it does not, of course, replace it; it remains essential that illness be treated. In many areas prevention cannot be easily separated from treatment and cure, as with, for example, communicable diseases, where early identification and treatment of confirmed cases are part of the means by which their spread is controlled. Preventive medicine comprises many of the same skills and attitudes as public health, with an added clinical dimension.

Prevention, therefore, looks ahead to the long term and adopts those measures which will help to maintain health and prevent illness.

There are three components of prevention, each with its own emphasis - **primary, secondary, and tertiary.**

Primary Prevention: **the means by which disease or injury may be prevented from occurring.**
Examples: immunization, courses to teach safe food handling practices, instruction in proper care of the teeth.

Secondary Prevention: **early detection and intervention with the aim of reversing, halting, or at least retarding the progress of a potentially damaging condition.**

It is epitomized by programs to identify early, often preclinical, manifestations of disease or dysfunction; and the offering of a regimen to correct it or prevent its progression. Examples are speech-language assessment and therapy, and early childhood psychology assessment and remediation programs.

Tertiary Prevention: **measures taken to minimize the effects of disease or disability aimed at preventing complications and premature deterioration.**
Examples are the work of physio and occupational therapists, including the use of splints and remedial exercise to prevent contracture and deformity; care of pressure points and bladder function; the work of chiropodists in improving and maintaining mobility; physical aids as provided through Saskatchewan Aids to Independent Living.

The greater part of our work in Prevention Services Branch is at the primary and secondary levels of prevention - and this may well be where the biggest difference can be made with the fewest resources. Tertiary prevention has a treatment component, and many of these services are administered through the Community Health-Treatment Services Branch.

Our branch of health care is **Community Health-Prevention Services.** Within the framework of **Community Health** and **Prevention** are the **Services** which our staff offers. What follows is but a partial listing of the many services provided by our health region staff.

Public Health Nursing: education, counselling, health promotion, immunization, health screening.

Public Health Inspection: improvement of environmental health by education, inspection, and follow-up of enteric disease.

Nutrition: education about proper dietary requirements, workshops, newspaper articles, resources and nutrition updates to other health professionals.

Early Childhood Psychology: early identification and remediation of delayed development and behaviour problems.

Speech-Language Pathology: early diagnosis and remediation of speech disorders.

Dental Health Education: education and counselling, workshops, fluoride mouth rinse programs, program planning, dental health promotion.

The staff complement for Weyburn-Estevan Health Region is 22.4 person-years. These 22 people provide prevention services to our population of 47,450 (there is only one nurse for every 4,745 people), throughout an area of 9,036 square miles. Across the province, health region expenditures average approximately $22 per capita. I suggest that this is a small investment for a very considerable benefit.

Our role, as prevention people, is pivotal to the "wellness model" which seeks to make it possible for everyone to maximize his or her health potential. Prevention of illness is what we are about, and this is our job as staff, as municipal health representatives, as Regional Board, and as citizens.

I want to thank our hard-working and dedicated professionals and support staff, who can see where we want to go, and have accomplished small miracles with minimum resources.

I also wish to thank municipal health representatives and board members for their support and understanding. With this continuing co-operation between health staff and communities, we may all contribute towards the goal of "Health for All".

MAJOR CAUSES OF DEATH AND DISABILITY	PREVENTION MEASURES
CANCER - of the lung - of the bowel	Cessation of smoking High-fibre diet
ACCIDENTS	Connection with alcohol and drugs
HEART DISEASE AND STROKE	Low fat diet, lose weight, cease smoking, exercise
SUICIDE	For adolescents - awareness, and open, effective communication, planning for future, challenging career choices
SEXUALLY TRANSMITTED DISEASES - Chlamydia and Sequelae of Pelvic Inflammatory Disease, Ectopic Pregnancy, Infertility	Need for greater acceptance of the message of sexual responsibility made all the more vital with the threat of AIDS
ADOLESCENT PREGNANCY - Very high levels in Saskatchewan	For the community - awareness and acceptance of the problem; openness to frank dialogue to assist the adolescent in setting appropriate goals, to strengthen self-image, to establish sexual responsibility, and thus to withstand inappropriate peer pressure

REPORT OF DIRECTOR, REGIONAL SUPPORT SERVICES

Gary Benz

As we enter into the 1991-92 fiscal year, we find it a time of financial restraint and governments are still focusing on the cost effectiveness in health care delivery.

In Saskatchewan, health care amounts to approximately $1,500.00 for every man, woman, and child in the province.

Health Care Workers have been busy and involved in promoting health care as in the "Non-Smoking Contest" and numerous in-services, health fairs, trade fairs, family forums, and career days throughout the Region. The Region received only three applications for the "Everyone Wins Community Grant Program". One was rejected by the Weyburn-Estevan Health Region No. 3 Board for reflecting Life Skills not Life Styles of Health; one was approved for $1,000.00 and one is awaiting written clarification to the Board as to how certain life style issues will be addressed in the Wellness Clinic, sponsored by the Weyburn Wheatland Senior Centre.

The application approved by the Board is as follows:

1. Weyburn Fire Department - Weyburn $1,000.00
   on Fire Safety to Children in Schools.

Throughout this year efforts were made to improve space in several District Health Offices, such as Carlyle District Health Office and Estevan District Health Office. Lockable storage units were also obtained for each District Health Office for ensuring security and confidentiality of client records.

In Community Health we have introduced several computers along with printers and mini computer desks for Speech-Language Pathology/Early Childhood Psychology use in Weyburn Regional Office and Estevan District Health Office; the latest addition being the second computer and laser printer for other disciplines and clerical staff in the Estevan District Health Office. We are becoming more computerized in the Health Region and staff have certainly accepted the challenge of this new technology.

In closing, I would like to thank Carl Graefer, Board Chairman, and the Regional Board of Health, for their commitment to improving the health care of the residents in the Region. A special note of thanks goes to many volunteer organizations, speakers on AIDS, Health Promotion Branch, SAIL, local radio, television, newspaper media, physicians, teachers, superintendents, municipal health representatives and dedicated staff who make it possible to reach our target groups.

I have enjoyed working with the Region and the Board of Health and look forward to the new challenges of the 90's.

PUBLIC HEALTH NURSING

Laraine Tremblay

In a lot of ways it has been a year of **"NEW'S"**--new staff, new facilities, new challenges, new programs, new successes, and from all we hear, the beginning of a **NEW TOMORROW.**

Despite all these changes and **NEW'S**, one thing remains static--our solid foundation which has always been the **Wellness Model.** Although a newly-coined phrase, it reflects what we're all about; that is, community-based health prevention and promotion services with a strong emphasis on individual responsibility.

Now, you ask, how does all this relate to what's happened in the Health Region over the past year? By highlighting some of the year's **NEWS**, I hope to respond to that.

NEWS ITEM #1: All nursing positions are presently filled!

Over the year there have been some new arrivals, some departures, and some returns. Jennifer Marcotte arrived in Oxbow in May; Shelley Weinberger and Joan Reiter started in Carlyle and Redvers respectively, in June (Shelley subsequently moved to Alberta in November); Lorna Fox Applegate has since assumed the Carlyle position. Jeanette Hanson, Radville left us in June to undertake a two-year teaching assignment in China; Shannon Cross, Weyburn began maternity leave last April and has since returned to her position.

Through all these changes Judy DeRoose and Linda Klein have ably covered the vacancies. Judy is presently assuming the Radville position while Linda has returned to other work and household duties.

NEWS ITEM # 2: New office facilities and renovations to existing space are welcomed!

In September, the Carlyle office was relocated to the new Town Office building. There, our community health staff share facilities with the Departments of Justice, Social Services, Mental Health staff, and other government agencies.

Long-awaited renovations were recently completed in the Estevan clinic space.

Since January, child health clinics in Midale have been held in the new Mainprize Manor & Health Centre.

Due to the low number of infants and preschoolers in certain areas and inadequate clinic space, child health clinics were closed in a number of locations. Those families involved have been accommodated at nearby clinic sites which meet the size, safety, privacy, cleanliness, and utilization standards.

NEWS ITEM #3: New/modified programs are introduced across the Region!

- **The Nobody's Perfect Program**--a parenting program offered to parents whose situations might prevent them from providing optimal parenting. Sessions were conducted by Jean Bode, Public Health Nurse, and the school social worker for teen parents at the Estevan Comprehensive School.

  Jennifer Marcotte, Oxbow, completed her facilitator training and will be offering this program to Oxbow and area families in the near future.

  It is anticipated that over the next year all public health nurses will be trained to deliver this specialized parenting program.

- **Head Lice (Pediculosis) Control:** A revised approach to dealing with this common-recurring problem was introduced province-wide last fall. The former method of "checking" the heads of all children when a case was reported had proven to be ineffective. So public health nurses refocused their energies into head lice education. In order to achieve a team effort in the control of head lice, all school personnel, students, and parents were offered information on the "facts of lice." Issues regarding its spread, detection, prevention, and treatment were addressed. Although initially very time-consuming for the nurse, it is believed that this approach will in the long term yield far more positive results than the former screening method.

- **Influenza Immunization Program For Seniors:** For the first time this year public health nurses administered (without charge), "flu shots" to well persons 65 years and older. Across the Region, at 22 sites primarily in Seniors' Centres, vaccine was administered from September through November. All in all, approximately 60% of all seniors received the flu shot either from the public health nurse or their family physician. This service will be provided to all seniors on an annual basis.

- **Coronary Rehabilitation Program:** Most recently, public health nurses have been providing home follow-up to those patients recently discharged from the Weyburn Union Hospital following a heart attack. Education regarding healthy lifestyle choices; i.e., smoking, diet, exercise, stress is provided.

- **Measles/Mumps/Rubella (MMR) Immunization To High School Students:** Since several outbreaks of rubella (German Measles) in boys 15-19 years of age have been reported across the province, a special effort has been made to ensure all boys and girls who have not yet received **one** of the three components of the vaccine are immunized. Nearly 100% of all female students had already received their rubella immunization; however, this vaccine had not been offered to males born before 1979, so a large percentage of this group requires immunization. By the end of 1992 all students previously unimmunized will be offered the combined vaccine.

- **Haemophilus Influenza B (Hib) Immunization For Infants:** As of April 1, 1992 a new Haemophilus Influenza B (Hib) vaccine will be offered to all infants two months of age. Although Hib vaccine has been available to 18-month-olds since 1988, never before have we offered the vaccine to infants. Public health nurses will be immunizing children at two, four, and twelve months of age through regular child health clinics. As well, special clinics have been scheduled for those children under five years who have not previously been immunized. This represents a significant step toward better protection for our younger children.

NEWS ITEM #4: Delivery of existing nursing programs continue despite introduction of new programs!

- Child health clinics continue in **16** sites across the Region.
- A total of **107** prenatal classes were conducted in Weyburn, Estevan, and Oxbow.
- Several reported cases of communicable and sexually transmitted diseases were investigated and follow-up provided; i.e., meningitis, whooping cough, measles, rubella, rabies, Hepatitis A & B, tuberculosis, chlamydia, gonorrhea, etc.
- Group education was provided on such health-related topics as: immunization, childhood asthma, epilepsy, child care and safety, reproductive health, sexuality, contraception, AIDS, Sexually Transmitted Diseases, healthy lifestyles, and Breast Self Examination.
- **51%** of pregnant teens delivering in this Region received the services of our **Pregnant Adolescent Support Program** (a program in which public health nurses provide health education and counselling to pregnant teens, both prenatally and postnatally).

All in all, a very **newsworthy** year.

To the nursing staff who made it so, my commendations on a job well done--you rose to the challenges, accepted the extra demands with enthusiasm, and are responsible for the resulting successes.

Thank you.

PUBLIC HEALTH INSPECTION

Bob Stone

The public health inspection discipline is responsible for improving environmental health and safety by education, administration of departmental policies and as a last resort legal enforcement. Still reeling from the major impact the loss of positions has had due to two early retirement packages we continue to attempt to do all duties we formally did, but in some cases with half the manpower.

For a short period last year all P.H.I. positions in the Weyburn-Estevan Health Region were filled. Ian Harrison covered the Estevan area, Ken Cross and Sujata Patel covered designated areas in Weyburn as well as a third of the municipalities in the region and Bob Stone continues to supervise their activities as the "twinned" senior inspector sharing his time between this health region and Regina Rural Health Region. Ian Harrison resigned his position to work in the City of Calgary for a few months however we were fortunate in having him reapply and he is again covering Estevan and district. Unfortunately for us Sujata Patel then applied for and got the position in Calgary which Ian vacated. These events, including the current vacancy, has caused considerable disruption to any attempt at setting and achieving goals. The mainstay in this turmoil has been Ken Cross as he bounced from one district to another attempting to provide minimal coverage. Although Ian and Sujata did a commendable job while here Ken deserves much credit for the extra effort required of him during the manpower shortages.

The health region was fortunate in having Jacqualine Lowey, a first year P.H.I. student for the three summer months. Miss Lowey is presently completing her training at the British Columbia Institute of Technology in Burnaby, B.C.

Considering the above, I am pleased to report that public health inspectors in this region have done a commendable job in accomplishing that which was expected of them. Apart from the usual inspections and activities the following are a few of the major public health activities which kept us busy this past year.

No less than six courses were held throughout the region for foodhandlers, swimming pool operators and one course for personal sanitation of institutional workers. Inspections and monitoring of the concessions at the Weyburn and Estevan fairs, the Oil and Farm and Leisure shows. Inspectors were involved in both the Golden Garbage Can and Red Coat Challenge environmental competitions. Major construction projects such as the Midale and Estevan Hospitals, the Estevan Swimming Pool and renovations to Dr. Mainprize Regional Park impacted significantly on inspection resources. Approximately 60 cases of enteric illness were investigated as was every incident of a domestic or wild animal bite or human contact with an animal possibly carrying the rabies virus.

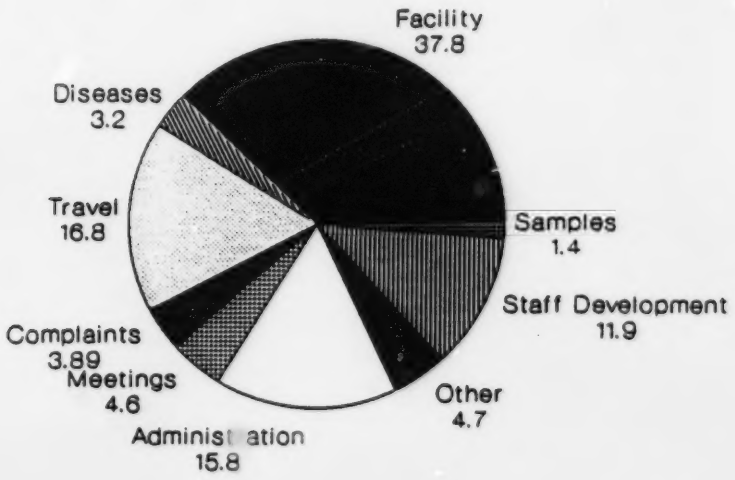
A flash flood in Weyburn, a major insect infestation in a retail food outlet, air quality, private sewage complaints and investigation of a province wide Salmonella outbreak contributed to making this job interesting and challenging albeit somewhat unpredictable.

Facility Distribution

Eating Establishments	274
Food Distribution & Processors	128
Liquor Outlets	55
Institutional & Housing	94
Accommodation & Recreation	182
Personal Service	67
Sewage & Solid Waste	4
Water	25
Swimming Pools	38
Total	867

Inspectors Time Distribution

(Includes student & supervisor's time)



From P.H.I.I.S. April to Dec. 1991

SPEECH-LANGUAGE PATHOLOGISTS' REPORT

Becky Radwell Sandy Redden

The year 1991-92 was eventful for Speech Language Pathology Services in the Weyburn-Estevan Health Region. Sandy Redden commenced work as of June, 1991. This increased the number of Speech Language Pathologists in the region to two. Sandy was based out of Weyburn and responsible for the following rural municipalities 37, 38, 39, 61, 63, 64, 65, 66, 67, 68, 69, 95, 96, and 97. Rural municipalities 1, 2, 3, 4, 5, 6, 7, 8, 9, 31, 32, 33, 34, 35, and 36 were served by Becky who worked out of Estevan. Municipalities 31, 32, 61, 63, 95, and 96 had previously received services from Regina Rural Health Region, Sandy's placement in Weyburn allowed the Speech Language Pathologists to serve the entire region. District clinics were re-opened in Carlyle and Oxbow.

Becky and Sandy were responsible for the assessment, diagnosis, and treatment of communication disorders of preschool children and adults. The communication disorders varied from cleft palate, articulation difficulties, language delays and disorders, stuttering, voice problems, head injuries, and strokes. Programming included direct therapy with the Speech Language Pathologist and/or indirect therapy programs developed by the Speech Language Pathologist which were carried out by the family, Early Childhood Intervention Program or day care.

Because there were two Speech Language Pathologists in the region, waiting lists for assessment and treatment were dramatically reduced and more people were able to receive direct and indirect services. More time was available for individual programming, education of parents, day care workers, and ECIP interventionists.

ASSESSMENT WAITING LIST

	Weyburn	Estevan	Total
April, 1991	36 (entire region)		36
February, 1992	25	8	33

* The waiting period for initial assessment decreased from four months to one month.

DIRECT TREATMENT CASELOAD

	Weyburn	Estevan	Total
April, 1991	37 (entire region)		37
February, 1992	27	36	63

INDIRECT TREATMENT CASELOAD

April, 1991	68 (entire region)		68
February, 1992	46	30	76

The acquisition of computers has increased the Speech Language Pathologist's efficiency in report writing, statistical data, caseload management, and have been valuable clinical tools when working with the clients.

In the past year the Speech Language Pathologists have been able to increase contact with other professionals and agencies in the communities including physicians, home care, day care, ECIP, preschools, hospitals and Speech Language Pathologists employed by the school systems. Both Sandy and Becky were members of the Admission, Review, and Discharge Committees of the Weyburn and South East ECIP.

As a result of the staff addition in the region, there was increased community awareness of Speech Language Pathology services and more satisfaction with the services provided.

Both, Sandy and Becky would like to thank the other staff members of the Weyburn-Estevan Health Region for their support and hard work throughout the year.

EARLY CHILDHOOD PSYCHOLOGIST

ANNUAL REPORT

Larry Mahovsky

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Since December of 1983, I have been the Early Childhood Psychologist (ECP) for the Regina Rural Health Region # 5 and the Weyburn - Estevan Health Region # 3. There are currently six ECPs in the Province and we serve the following Health Regions:

PSYCHOLOGIST	HEALTH REGION(S) SERVED	POPULATION SERVED
Dr. Ruth Wong	Prince Albert/Melfort-Tisdale	146,741
Larry Mahovsky	Regina Rural/Weyburn-Estevan	124,330
Dr. Karen Sirota	Moose Jaw-Assiniboia-Gravelbourg/Swift Current	108,849
Dr. Jim Hyche	North Battleford	91,029
Kigil Jensen	Saskatoon Rural/Rosetown-Biggar-Kindersley	85,087
Henrik Cherland	Yorkton-Melville	76,543

There are two Regional Health Offices and eleven District Health Offices in the regions that I serve. My office is in the Regina Regional Office.

DISTRICT OFFICE	HEALTH REGION	DISTANCE FROM MY OFFICE
Regina (Regional Office)		
Moosomin	Regina	434 Kms.(Round Trip)
Grenfell	Regina	290 " "
Indian Head	Regina	200 " "
Fort Qu'Appelle	Regina	177 " "
Strasbourg	Regina	225 " "
Kipling	Regina	290 " "
Weyburn (Regional Office)		241 " "
Estevan	Weyburn/Estevan	387 " "
Radville	Weyburn/Estevan	241 " "
Carlyle	Weyburn/Estevan	387 " "
Redvers	Weyburn/Estevan	500 " "
Oxbow	Weyburn/Estevan	565 " "

The Early Childhood Psychologists are responsible for and carry out the smooth and efficient operation of psychology services for families with preschool children in Saskatchewan. As Head of the ECP program in our regions, we ensure fair and equitable service in an efficient and effective manner. We provide expertise in child development, computerization, and research methodology to Central Office personnel to enhance program efficiency and facilitate program evaluation and research. As psychologists and front-line workers, we provide assessment, treatment, and consultative services to clients, professionals, and the community at large.

Psychological services include the assessment, diagnosis, and treatment of preschool children suffering from mild to severe maladaptive behaviours, the assessment, diagnosis, and treatment of preschool children suffering from mild to severe developmental delays, and the treatment of families in crisis due to child-parent problems. Since November of 1991, Dr. K. Sirota, H. Cherland, and myself have been providing assessment and consultative services to the Developmental Assessment Clinic at the Regina General Hospital. This involves working closely with a Neonatologist, a Nurse, and an Occupational Therapist to provide services for children from birth to 30 months of age.

The following is a comparison of psychological services given in 1990 and 1991:

PSYCHOLOGICAL SERVICE	1990	1991	DIFFERENCE
FOR REFERRED CLIENTS:			
Assessment	64	74	+ 15%
Counselling	167	179	+ 7%
Case Conferencing	126	129	+ 2%
SUBTOTALS:	357	382	+ 7%
CONSULTATIONS ABOUT NON-REFERRED CHILDREN WITH:			
Other CHPSB Personnel	35	54	+ 54%
Parents	26	38	+ 46%
Early Childhood Intervention Programs	83	97	+ 17%
Other (MDs, Social Workers, Police, Lawyers, etc.)	42	38	- 9%
SUBTOTALS:	186	227	+ 22%
GRAND TOTALS:	543	609	+ 12%

The above chart indicates a general increase in services of 12 percent. There was an increase in services to clients of 7 percent and an increase in services regarding non-client matters of 22 percent.

The distribution of my workload over the past year is:

WORK PROVIDED	HOURS	PERCENTAGE
Direct Contact	330.00	20%
Casework Administration	632.75	39%
Public Education	27.00	1%
Professional Development	55.50	3%
Travel	160.00	10%
General Administration	428.50	26%
TOTALS	1633.75	100%

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SERVICE	1989	1990	1991
Psychological	49.7%	60%	59%
Travel	13.2%	8%	10%
General Administration	30.7%	26%	26%

Since 1990, Psychological services have increased by 9.3%, travel time has dropped by 3.2%, and general administration time has decreased by 4.7%. This has happened because of a concerted effort on my part to increase the amount of time that I spend serving children and their families.

The number of psychologists working with preschool children in Saskatchewan is quite small. In the past, some health regions have not been able to recruit into the position and, as a result, services to preschool children have suffered. For instance, one health region was unable to find a qualified applicant for over a year while another health region waited over two years before a qualified psychologist was hired. The search for qualified psychologists used to be limited to Canada but due to the lack of responses by competent psychologists, we have been forced to advertise in the United States and abroad. Even then, the number of responses to our advertisements was limited.

Currently, the six of us serve ten health regions with a total population of 632,579. Saskatoon and Regina are not included in our mandate. The farm crisis of the past few years and the current economic downturn have caused major stresses in our communities that are continually being manifested in the children and families that we work with today.

One of the major projects involving the Provincial ECPs this year was an evaluation of the Early Childhood Psychology program in the Province. This evaluation project required an extensive amount of our time for planning, research, and implementation. The data have been collected and the report has been written by our Director of Early Childhood Psychology, Ms. K. Richter. Now we will be involved in rewriting our Mission Statement and modifying the program based upon the results of the program review. This will undoubtedly take a significant amount of ECP time to complete.

H. Cherland and I are also on a committee whose mandate is to develop guidelines and procedures to be used by Nurses for the developmental screening of preschool children in the Province. The Committee has met in Regina six times since October.

I am also a member of the Admissions and Review Committee for the Regina and Rural Early Childhood Intervention Program based in the Wascana Rehabilitation Centre in Regina. The Committee meets monthly (except July and August) and is mandated to oversee the sixty-two children served by this program.

I attended the regularly-scheduled Provincial ECP meetings held quarterly. The meetings alternated between Saskatoon and Regina and were usually two to three days long including travel time. These meetings have been mainly for administrative purposes such as the monthly statistical procedures including caseline management, evaluation of the ECP program, recruitment, updating of Provincial Early Childhood Intervention Program activities, discussion of future inservice and/or workshops, review of Mission Statement, etc. They have also provided a mechanism which enables us to give feedback to the Director of ECP. Although we report directly to the Medical Health Officer in the health region, we are sometimes requested by Central Office, through the Director of ECP, to carry out activities required by the Branch.

ANNUAL NUTRITION REPORT
REGINA RURAL - WEYBURN-ESTEVAN REGIONS

Eunice Misskey

The Public Health Nutritionist continues to oversee the Regina Rural and Weyburn-Estevan Health Regions. She assesses nutrition-related needs of individuals, families, and communities and coordinates programs which emphasize health promotion and disease prevention.

The nutritionist works in a variety of capacities in an attempt to meet at least some of the demands of the two regions. While she plans some programs to increase awareness and interest in the importance of nutrition, the major focus is directed at strategies which provide information and advice, develop knowledge and skills, support self-help initiatives, build healthier environments, influence policy changes, and initiate research.

The demand for nutrition services has grown significantly over the past 20 years. Some of this demand is due to:

a) growing recognition of the importance of a healthy diet for the prevention and management of heart and other chronic-related disease
b) mounting evidence of the health risks (some life-threatening) associated with dieting
c) the growing literature which reveals the nutritional benefits of protecting, promoting and supporting breastfeeding
d) the growing concern about the lack of public safety standards in relation to weight loss programs
e) the growing economic challenge to adequately feed infants and young children for proper growth and development
f) growing environmental concerns related to food safety and supply
g) the constant bombardment of nutrition information and the accompanying confusion among consumers about what is fact and what is fiction.
h) new nutrition labelling regulations, nutrition recommendations, and blood cholesterol standards requiring interpretation by a number of target groups
i) the changing family structure, mosaic society, and growing number of seniors which have their own special nutrition needs.

Despite the growing demand for nutrition services, staffing levels have not kept pace in South-East Saskatchewan. This imposes an enormous challenge for the nutritionist who oversees a population of about 125,000 distributed widely in the two regions. It is by far the largest population to be covered by a Public Health Nutritionist with the provincial or city health departments in Saskatchewan. It far exceeds the recommendation of one nutritionist for 50,000 people outlined in a recent national scientific report.

Below are some of the highlights of the nutrition program:

1) **HEART HEALTH**

HEART HEALTHY PARTNERS
The nutritionist represents the Regina Rural Region as a member of this group. The partnership, which includes a number of organizations and meets on a monthly basis, was created to develop and implement a broad-based heart health program for Regina and area. It has submitted a proposal to the Saskatchewan Heart Health Coalition for funding. In the meantime with current resources, subgroups of the partnership have begun specific tasks and projects in the areas of schools, worksites, and health fairs.

EAT SMART WORKSHOP AND NEWSLETTER
These 3-hour workshops continue to be offered to our communities. The purpose is to better equip participants to follow a lower fat eating style. This past year the nutritionist conducted workshops in Radville, Oxbow, Glenavon, Weyburn, and Montmarte. All but one were conducted in the evenings. Following each workshop, an Eat Smart newsletter is offered to workshop participants on a quarterly basis. It has been an excellent vehicle for keeping in touch with community members interested in heart health.

HEART SMART "CHOICES" RESTAURANT PROGRAM
This is a program which offers restaurants the opportunity to be designated heart smart. For this to happen, restaurants must agree to offer customers modified menu items and smoke-free seating upon request. The program was initiated by the Heart and Stroke Foundation and was successfully piloted in Saskatoon. It is now being introduced to other areas of Saskatchewan. The nutritionist, local health inspector and Medical Health Officer participated in the Partners' breakfasts recently held in Estevan and Weyburn to kick-off the program in these communities.

2) **WOMEN'S HEALTH**

Our cultural obsession with slimness has increased the nutritional risk for women of all ages. In addition to their fear of weight gain, many women hold more than one job. A growing number are single parents. Others face living alone. The result is a poor quality diet with too few calories.

The nutritionist uses her Good Eating Today newspaper column, educational and professional inservice sessions, and school resource kits and videos to help women reduce their health risks. Last Fall she was invited to a women's conference in Bienfait where over 60 women from five surrounding communities heard her speak on some of the key nutritional health issues concerning women today.

3) INFANT AND PRESCHOOL NUTRITION

PROVINCIAL REVIEW OF NUTRITION ASSESSMENT PROTOCOL
This protocol is used by public health nurses at child health conferences (CHCs). The purpose is to prevent or detect early any nutrition problems in children who are 2 to 48 months.

Based on input from nurses across the province, revision to the protocol was recommended. The nutritionist, as part of a subcommittee responsible for this review, made significant progress over the past year. Standards and more specific referral criteria were designed and information guidelines for use with caregivers were developed. A draft of this revised protocol was recently distributed to nurses and nutritionists across the province for their input once again. Refinements will then be made and inservice sessions will be planned to introduce the new package. A shortened version of the protocol will also be available.

COUNSELLING
The nutritionist continued to handle referrals for assessment and counselling of infants and young children with feeding and growth problems. She also conducted numerous consultations with medical, health and other personnel regarding clients.

BREASTFEEDING INITIATIVES
The newly revised nutrition assessment protocol includes written standards for breastfeeding. While more women initiate breastfeeding today, our goal is to encourage them to continue to exclusively breast-feed their infants for four to six months.

Letters were sent to all Directors of Nursing in hospitals that deliver babies regarding a new breastfeeding resource. A copy of the joint statement of the World Health Organization and the United Nations Children's Fund on Protecting, Promoting, and Supporting Breastfeeding was also provided. This statement outlines ten ways hospitals can become more baby-friendly.

The nutritionist initiated breastfeeding research in collaboration with Regina City Health and Regina General Hospital to examine breastfeeding support in hospital and community. Little research has been conducted since the late seventies and is needed as a basis for ongoing program planning and evaluation efforts. A literature review is underway and the first stages of a proposal are being drafted.

The nutritionist together with a local lay leader formed the BREASTFEEDING ACTION COMMITTEE for Regina and area. This group includes concerned health practitioners and lay leaders who are interested in promoting and supporting breastfeeding.

A letter was prepared and submitted to the Project Wellness Team encouraging them to reintroduce breastfeeding to parents, communities , and health care practitioners as the first essential step in primary health care. The letter included recommendations of what should be done.

4) **SCHOOL NUTRITION**

One of the objectives of the nutritionist is to facilitate teachers in their afforts to promote positive eating habits among students. Teacher workshops are one way she does this. Kindergarten to grade six teachers in six school divisions received two-and-one-half hour workshops. Among the school divisions were: Weyburn, Buffalo Plains, Regina East, Qu'appelle, Indian Head, and Broadview.

5) **GOOD EATING TODAY NEWSPAPER COLUMN**

The nutritionist continues to research and write articles for this weekly column which is offered to 17 newspapers in the two Health Regions. The column helps make people aware of a reliable source of timely and current nutrition information and services.

6) **PROFESSIONAL SUPPORT AND CONSULTATIVE SERVICES**

Regular information updates, advice and resources were provided to public health nurses. Consultative services were also provided to other nutritionists, regional dietitians, physicians, the general public, community agencies, institutions and special groups. Several documents were reviewed and input provided on request. These included areas related to infant feeding, iron nutrition, and fluoride guidelines. The nutritionist also supervised the community nutrition affiliation of two dietetic interns over a three week period.

It has been a productive year. Much progress has been made. Evaluations conducted to date indicate positive outcomes. At the same time many requests were declined and other programs were not initiated due to lack of resources. Considerable follow-up will be required on many of the initiatives underway.

A special thank you is extended to the many individuals, families, and groups in the communities for their interest and patience. A big thank you also to Dr. Cunning, our staff, board members and municipal health representatives for their continued support and cooperation.

DENTAL HEALTH EDUCATORS' REPORT

Rosemary Henricksen Melanie Lemieux

The area is served by two Dental Health Educators, Rosemary Henricksen, located in Estevan and Melanie Lemieux located in Carlyle. Carlyle headquarters also provides services to Health Region #5, Regina Rural.

The dental health education program implemented five years ago is one of prevention. Our goal is that of education to promote and improve the awareness of the importance of good oral hygiene habits to all ages in the community. This will help ensure teeth last a lifetime.

Community water fluoridation is of benefit to all ages in the community, although children receive the maximum benefit. * Children age 5-13 years living in fluoridated communities have 37% fewer cavities. Several communities in our area have fluoridated water.

Highlights of the past 12 months

1. With April being Dental Health month we promote dental awareness throughout the area.

   Dental health displays were located in Estevan and Weyburn malls and the Carlyle District Health Office.

   Ten local hospitals participated in promoting a Dental Health Month Baby. The first baby born in each hospital in April received a gift package compliments of Community Health Services Prevention Branch and various dental companies.

   Special dental presentations were requested at several schools, nursery schools and day cares to promote their dental health month activities.

   The media was contacted about the above events.

2. The majority of our time was spent doing presentations and preparing materials to use in teaching children in the schools, kindergarten through to Grade 6, about dental health with a goal to improving and increasing their dental knowledge.

* Information from the Children's Dental Plan

3. Eighteen schools participated in weekly fluoride rinsing programs. These schools are in non-fluoridated areas and are looked after by school personnel or parent volunteers with indirect supervision and direction from the Dental Health Educator when necessary.

   Information has been forwarded to Ceylon school, Minto school in North Portal and Broadview school, so they too can consider implementation of a program in their schools.

4. We are still promoting a dental preschool kit to all known nursery schools, day cares, and story hours. This kit, available on loan, contains information and activities to teach the basic concepts of dental health to 3-5 year olds. This kit was very much appreciated by all those who used it.

5. We sent letters to several seniors' groups offering to do presentations on the importance of dental care for seniors, or the mature adult. Organizations in Torquay, Bienfait, Macoun, Carlyle and Arcola/Kisbey areas accepted the offer. Those in attendance felt the presentations were very beneficial.

6. Meetings we attended during the past year were; senior staff meetings in Weyburn, Dental Health Educator's meetings in Regina and Saskatoon. Professional Developmental courses on dental implants and speed reading were also attended.

   We gave a presentation to other Dental Health Educators on the availability and cost of resources on the topic of the harmful oral effects of Smokeless Tobacco.

   We researched ways in which to promote and make Dental Health Month a success.

   We attended meetings to promote awareness for Pre and Post Natal Dental Care and are currently working on a tearsheet with information on dental care for infants.

In conclusion, we would like to thank the communities and their groups for using our program so that we can promote healthy dental awareness.

DENTAL HEALTH EDUCATION STATISTICS

APRIL 91 - MARCH 92

School Presentations K-6	
Number given	420
Attendance	7,568
Special extra presentations	
Number given	33
Attendance	519
Fluoride Mouth Rinse Programs	
Number of schools involved	18
Number of participants	1,763
Pre School Kit	
Number of groups using kit	30
Number of participants	812

The numbers above include services provided to some communities in Health Region #5, Regina Rural, which are administered by the Carlyle District Dental Health Educator.

WEYBURN-ESTEVAN HEALTH REGION STAFF
(As of March 31, 1992)

WEYBURN REGIONAL OFFICE **TELEPHONE: 848-2318**

Medical Health Officer & Regional Director (Shared)..... Dr. Clive Cunning
Director, Regional Support Services (Shared)..... Mr. Gary Benz
Regional Nursing Supervisor..... Mrs. Laraine Tremblay
Assistant Regional Nursing Supervisor..... Mrs. Fran Kambeitz
Public Health Nurse I..... Mrs. Shannon Cross
Public Health Nurse I..... Mrs. Val Fister
Public Health Nurse I..... Mrs. Heidi McCallum
Senior Public Health Inspector (Shared)..... Mr. Bob Stone
Public Health Inspector II..... Mr. Ken Cross
Speech and Language Pathologist..... Mrs. Sandy Redden
Nutritionist (Shared)..... Mrs. Eunice Misskey
Early Childhood Psychologist (Shared)..... Mr. Larry Mahovsky
Clerk Steno III..... Mrs. Rita Martyn
Clerk Steno II..... Mrs. Gloria Allen

ESTEVAN DISTRICT OFFICE **TELEPHONE: 634-0800**

Public Health Nurse I..... Mrs. Jean Bode
Public Health Nurse I..... Ms. Barbara Code
Public Health Nurse I..... Ms. Sheila Wiens
Public Health Inspector II..... Mr. Ian Harrison
Speech and Language Pathologist..... Ms. Becky Radwell
Dental Health Educator..... Mrs. Rosemary Henricksen
Clerk Typist II..... Mrs. Karen Hiske
Clerk Typist II (Part-time)..... Mrs. Elaine Boire

CARLYLE DISTRICT OFFICE **TELEPHONE: 453-6131**

Public Health Nurse I..... Mrs. Lorna Fox Applegate
Dental Health Educator (Telephone: 453-6307)..... Mrs. Melanie Lemieux

OXBOW DISTRICT OFFICE **TELEPHONE: 483-2313**

Public Health Nurse I..... Mrs. Jennifer Marcotte

RADVILLE DISTRICT OFFICE **TELEPHONE: 869-2555**

Public Health Nurse I..... Mrs. Judy DeRoose

REDVERS DISTRICT OFFICE **TELEPHONE: 452-3464**

Public Health Nurse I..... Ms. Joan Reiter